## MULTIPLE DEPENDENT CLAIM FEE CALCULA N SHEET

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

SERIAL NO.

## **CLAIMS**

	AS FILED		AFTER		AFTER 2 MAMENDMENT				AS FILED		AFTER		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
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2	<u> </u>	-/		-				52						
3 4	<del> </del>	2					1	53						
5	<del>                                     </del>	0					i .	54 55						
6	<b>-</b>	(1)						56	<u> </u>					<u> </u>
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TOTAL DEP.		-	14	-		+		TOTAL DEP.		<b>4</b>		AHECO S A SE		
TOTAL CLAIMS			21					TOTAL CLAIMS						
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PTO - 1360 (REV. 11/04)

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